Form 990

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements **Inspection** Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number C Name of organization **B** Check if applicable Center for the Study of Carbon Dioxide and Global Change Address change 86-0902777 Doing Business As E Telephone number Name change (480)664-4493 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$ 514,338 Terminated Amended return City or town, state or country, and ZIP + 4 Tempe, AZ 85282 Application pending F Name and address of principal officer H(a) Is this a group return for ΓYes **Γ**Nο affiliates? H(b) Are all affiliates included? ┌ Yes ┌ No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** Tax-exempt status H(c) Group exemption number ► Website: ► www.co2science.org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1998 M State of legal domicile AZ Part I Summary 1 Briefly describe the organization's mission or most significant activities The Center for the Study of Carbon Dioxide and Global Change was created to disseminate factual reports and sound commentary on new developments in the world-wide scientific quest to determine the climatic and biological consequences of the ongoing rise in the air's CO2 content. It meets this objective through weekly online publication of its CO2 Science magazine, which contains editorials on topics of current concern and mini-reviews of recently published peer-reviewed scientific journal articles, books, and other educational materials In this endeavor, the Center attempts to separate reality from rhetoric in the emotionally-charged debate that swirls around the subject of carbon dioxide and global change. In addition, to help students and teachers gain greater insight into the biological aspects of this phenomenon, the Center maintains on-line instructions on how to conduct CO 2 enrichment and depletion experiments in its Global Change Laboratory (located in its Education Center sect 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 4 **6** Total number of volunteers (estimate if necessary) . . 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . . 877,417 518,962 Program service revenue (Part VIII, line 2g) . . . . . 119,072 5,957 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,685 -10,965 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,829 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,001,003 513,954 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 20,000 20,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 **Expenses** 624,032 488,346 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 411,686 17

0 313,467 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,055,718 821,813 Revenue less expenses Subtract line 18 from line 12 . -54,715 19 -307,859 ( Assets or | rd Balances | **Beginning of Current End of Year** Total assets (Part X, line 16) . . . . . . . 20 741,836 440,906 21 Total liabilities (Part X, line 26) . . 4,534 11,463 429,443 Net assets or fund balances Subtract line 21 from line 20 . . . 737,302 22 Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any

	*****	20	2012-03-08				
Sign Here	Signature of officer		Da	te			
	Craig D Idso Treasurer	Craig D Idso Treasurer Type or print name and title					
	Type of print name and title						
Paid Preparer's Use Only	Preparer's signature Troy O'Dell	Check if self-employed	Preparer's taxpayer identification number (see instructions)				
	Firm's name (or yours if self-employed), address, and ZIP + 4 TROY D ODELL CPA PLC						
	GILBERT, AZ 85233	Phone no ▶ (480) 633-6456					
Mav the IR	S discuss this return with the preparer shown above?	(see instructions) .		▼Yes 「No			

Total program service expenses►\$

orm	990 (2011)				Page 2
Part		t of Program Service A edule O contains a response	ccomplishments to any question in this Part III		୮
1	Briefly describe the	e organization's mission			
evelonte once ndea loxio	opments in the world nt It meets this obj ern and mini-reviews evor, the Center atte le and global change	I-wide scientific quest to dete ective through weekly online of recently published peer-re mpts to separate reality from In addition, to help students instructions on how to condu	Change was created to disseminate rimine the climatic and biological control publication of its CO2 Science magaziewed scientific journal articles, to rhetoric in the emotionally-charge s and teachers gain greater insight at CO2 enrichment and depletion e	onsequences of the ongoing r gazine, which contains editoria pooks, and other educational r id debate that swirls around th into the biological aspects of	ise in the air's CO2 als on topics of current naterials In this le subject of carbon this phenomenon, the
	the prior Form 990	or990-EZ?	ogram services during the year whi		es 🗸 No
		nese new services on Schedu			
	services?	n cease conducting, or make : 	significant changes in how it condu	cts, any program	'es  No
4	Describe the organi expenses Section 5	zation's program service acc 501(c)(3) and 501(c)(4) orga	omplishments for each of its three inizations and section 4947(a)(1) t ses, and revenue, if any, for each pi	trusts are required to report th	
4a		) (Expenses \$ reports and sound commentary on r he air's carbon dioxide content	805,998 including grants of \$ new developments in the world-wide scient	20,000 ) (Revenue \$ ific quest to determine the climatic a	5,957 ) nd biological consequences
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	· -	vices (Describe in Schedule			
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)

805,998

art IV	Checklist o	f Reauired	Schedules

	Checking of Reduit of Solication	1		
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete <i>Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		No
		F	orm <b>990</b>	(2011)

Dart V	Statements Regarding Other IRS Filings and Tax Compliance	
FOILUV	Statements Regarding Other TRS Fillings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
•	year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		<u> </u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
ı	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
•	organization solicit any contributions that were not tax deductible?	Ja		NU
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?	71.		NI -
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d   0			
	,			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	-9		
	Form 1098-C?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	sources against amounts due or received from them )			
!a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the		_	
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is needed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Enter the number of voting members of the governing body at the end of the tax year .   1	Se	ction A. Governing Body and Management			
be Enter the number of voting members included in line 1a, above, who are independent of the number of voting members included in line 1a, above, who are independent of the property of the				Yes	No
be Enter the number of voting members included in line 1a, above, who are independent of the number of voting members included in line 1a, above, who are independent of the property of the					
be Enter the number of voting members included in line 1a, above, who are independent of the number of voting members included in line 1a, above, who are independent of the property of the	1a	Enter the number of voting members of the governing body at the end of the tax			
undependent .					
Due the organization designed control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  A Due the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Due the organization have members or stockholders?  Due the organization have members or stockholders?  Due the organization have members or stockholders?  Due the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Due the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Due the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Due the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  Be cause the than the governing body?  Section B. Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies not required by the Internal Revenue Code.)  Policies (This Section B requists information about policies of such chapters, affiliates, and branches to ensure their operations are consistent with the organi	b				
## Supervision of officers, directors or trustees, or key employees to a management company or other person?  ## No	2		2	Yes	
field?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders?  The programment of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  Distinct any officer, director, fustes, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes," provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves No  Did the organization have local chapters, branches, or affiliates?  Did the organization have a written optices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the process, if any, and by the organization to review the Form 990  Describe in Schedule O the wind with the organization to review the Form 990  Did the organization have a written wind the process of determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization have a writt	3		3		No
6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, fustsee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization to review the Form 990  10c Describe in Schedule O the process, if any, used by the organization to review the Form 990  10a Did the organization have a written conflict of interest policy? If 'No," goto line 13  10b Were officers, directors or trustees, and key employees required to disclose annually interests that could give independent persons, comparability of the analysis of the deliberation and decision?  10b Did the organization have a written whistelblower policy?  10c Did the organization have a written whistelblower policy?  11c Did the organization have a written whistelblower policy?  12d No  13d No  15d Did the organization have a written whistelblower policy?  15d Did the organization have a written whistelblower policy?  15d Did the organi	4		4		No
The properties of the governing body?  Are any operanced excisions of the operanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Are any operanced excisions of the operanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  By Did the organization than the unit of the governing body?  By Did the organization follows the properties of such chapters and procedures governing the activities of such chapters, and instances and address?  The government of the governing body?  The governing body?  Yes No  To Did the organization have local chapters, branches, or affiliates?  The purposes?  The government of the governing body?  The government of the government of the form?  The form?  The government of the government of the form?  The form?  Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Did the organization have a written policies of this form 990 to all members of its governing body before filling the form?  Did the organization have a written conflict of interest policy? If "No," go to line 13  Did the organization have a written with the policy? If "No," go to line 13  Did the organization formation and destruction policy?  Did the organization of the	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
more members of the governing body?  A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b No or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body before film to a film the form?  B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  West officers, and branches to ensure their operations are consistent with the organization's exempt purposes?  B Has the organization have local chapters, branches, or affiliates?  B D D D D D D D D D D D D D D D D D D	6	Did the organization have members or stockholders?	6		No
b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b	7a		7a		No
By Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No
a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10b Describe in Schedule O the process, if any, used by the organization to review the Form 990  11a Has the organization have a written conflict of interest policy? If "No," go to line 12  12b Did the organization have a written conflict of interest policy? If "No," go to line 12  12c No  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15a No  16b Other officers or key employees of the organization of the management official  15b No  16c No  16d Did the organization invest in, contribute assets to, or participate in a joint venture or si	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
b Each committee with authority to act on behalf of the governing body?  1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11b Describe in Schedule O the process, if any, used by the organization to review the Form 990  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d No  12d Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d No  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  13 Did the organization have a written document retention and destruction policy?  14 No  15 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization's CEO, Executive Director, or top management official  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	а		8a		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Revenue Code.)  10a Politicies (This Section B requests information about policies not required by the Internal Part Politicies (This Section B requests information about policies not required by the Internal Part Politicis (This Section B requests information about policies not required by the Internal Part Politicis (This Section B requests information about policies not required by the Internal Part Politicis (This Section B requests information and policies not provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c No  12d Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Did the organization have a written whistleblower policy?  13d No  14 Did the organization have a written whistleblower policy?  15d Did the organization have a written whistleblower policy?  15d Did the organization have a written document retention and destruction policy?  15d Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15d Did the organization in your typic data, and contemporaneous substantiation of the deliberation and decision?  15d Did the organization in your two two process in Schedule O (see instructions)  15d Did the organization in your two two process in Schedule O (see instructions)  15d Did the organization in your two two process in Schedule O (see instructions)  15d Did the organization in your t	b		8b		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No	9				
Revenue Code.)    Pes   No   No   No   No   No   No   No   N			9		Νo
10a					
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b No  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review the Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b No  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b No  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 No  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  15a No  b Other officers or key employees of the organization  15b No  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15b No  16a No  5c Ction C. Disclosure  17b List the States with which a copy of this Form 990 is required to be filed AZ  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	ixe	vende code.)		Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a	Did the organization have local chapters, branches, or affiliates?	10a		No
thas the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review the Form 990	b	affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		No
b Describe in Schedule O the process, if any, used by the organization to review the Form 990	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Vas	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b		114	1 65	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	122	Did the organization have a written conflict of interest policy? If "No " go to line 13	122		No
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
13 No  14 Did the organization have a written whistleblower policy?	c				INO
14 Did the organization have a written document retention and destruction policy?			12c		No
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	13		13		No
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official			14		No
b Other officers or key employees of the organization	15			1:	
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The organization's CEO, Executive Director, or top management official	15a		No
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		15b		No
taxable entity during the year?		If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		16a		No
Section C. Disclosure  17 List the States with which a copy of this Form 990 is required to be filed AZ  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	101		NI -
List the States with which a copy of this Form 990 is required to be filed►AZ  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	<b>S</b> ^		16D		INO
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					

 $\Gamma$  O wn website  $\Gamma$  A nother's website  $\overline{\Gamma}$  U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Sherwood B Idso

631 E Laguna Drive Tempe, AZ 85282 (480) 664-4493

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) (C) A verage hours per unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Sherwood B Idso President	30 00	х		х				0	0	0
(2) Robert E Ferguson None	40 00					Х		248,780	0	0
(3) M Anne Idso Secretary	30 00	х		х	х			80,000	0	0
(4) Keith Idso Vice President	0 00							0	0	0
(5) Craig D Idso Treasurer	30 00	Х		х	х			115,651	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title		(B) A verage hours per week (describe hours hours  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) hours						(D) Reportab compensa from the organization 2/1099-M3	tion e n (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from t organizati relate	ited fother sation the on and	
		for related organizations in Schedule O)	inghe According to the street of the street			organiza								
												+		
												+		
1b	Sub-Total							<b>•</b>						
d d	Total from continuation sheets  Total (add lines 1b and 1c) .			• •	•	•		<b>P</b>	44	4,431				
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to			• ted	above	) who			n			
_	Del Herring and the configuration of the configurat				1.								Yes	No
3	Old the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch					eye •	mpioy •	ee, o •	rnignest cor	npens •	ated employee	3		No
4	For any individual listed on line : organization and related organiz													
	ındıvıdual			•	•	•		•		•		4	Yes	
5			receive or accrue compensation from any unrelated organization or individual for ation? If "Yes," complete Schedule I for such person						5		No			
	ation D. Indonesidant Con													
1	cction B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		<b>(A)</b> ne and business ad	dress							Desci	(B) uption of services		(C Comper	
_	Total number of independent cont	ma atawa (imaliidir		o+ 1	nite	1 +0	thoss	licto	d = h = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>"</b>	and makes them			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

rene v	<u> </u>	Statement of Revenue				
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>\$ \$</b>	1a	Federated campaigns 1a				
등등	ь	Membership dues 1b				
ಕಾರಿ						
્રું ₹	C	Fundraising events 1c				
類 表	d	Related organizations 1d				
<u>∵</u> ≣	l e	Government grants (contributions) 1e				
粪늉						!
쓸놂	f	All other contributions, gifts, grants, and <b>1f</b> 518,962 similar amounts not included above				
Ē₽.	g	Noncash contributions included in				
높유		lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	518,962			
۰۰۰			·			
<u> 9</u> 2		Business Code				
Ę	2a	Media sales	5,957			5,957
\$ 9	Ь					
<u>a.</u>						
<u>မို</u>	C					
er.	d					
တ္	e					
<u>e</u>	f	All other program service revenue				
Program Serwce Revenue	'	Tailor program service revenue				<u> </u>
Δ	g	<b>Total.</b> Add lines 2a−2f	5,957			
	3	Investment income (including dividends, interest				
		and other similar amounts)	-10,581	-10,581		
	4	Income from investment of tax-exempt bond proceeds	0			
			0			
	5	Royalties	ŭ			
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	l c	Rental income				
		or (loss)	_			
	d	Net rental income or (loss)	0			
		(ı) Securities (ıı) Other				
	7a	Gross amount				
		from sales of assets other				
		than inventory				
	b	Less cost or other basis and				
		sales expenses				
	C	Gain or (loss) -384				
	d	Net gain or (loss)	-384	-384		
	8a	Gross income from fundraising				
<u>⊕</u>		events (not including				
둪		\$				
*		of contributions reported on line 1c) See Part IV, line 18				
č		a				
Other Revenue	<sub> </sub>					
チ	b	Less direct expenses b	اً ا			
U	C	Net income or (loss) from fundraising events •				<u> </u>
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	.	a				
	Ь	Less direct expenses b				
	C	Net income or (loss) from gaming activities	Ü			
	10a	Gross sales of inventory, less returns and allowances .				
	ь					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	ما			
	С	,,,,,,	Ŭ			
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				<del>                                     </del>
		Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions				<del>                                     </del>
		- Star revenue: See Instructions	513,954	-10,965		5,957

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) 

CI	neck if Schedule O contains a response to any question in this Part IX	<del></del>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	20,000	20,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	195,651	195,651		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	263,780	263,780		
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	28,915	28,915		
11	Fees for services (non-employees)				
 а	Management	0			
ь	Legal	0			
c	Accounting	4,759		4,759	
d	Lobbying	0		1,7.03	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	10,282	10,282		
14	Information technology	0	10,282		
15	Royalties	0			
	,		27 570		
16	Occupancy	37,579	37,579		
17	Travel	9,863	9,863		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	263		263	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	27,259	27,259		
23	Insurance	10,407	10,407		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Website hosting & maintenance	34,797	34,797		
b	Media/public relations	13,316	13,316		_
c	Experiments	32,304	32,304		
d	Contract labor	103,626	103,626		
e	Auto & truck expenses	5,835		5,835	
f	All other expenses	23,177	18,219	4,958	_
25	Total functional expenses. Add lines 1 through 24f	821,813	805,998	15,815	0
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		232,7230	,0	-
				E.	orm <b>990</b> (2011)

Part X Balance Sheet

- 0	וונא	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	560,736	1	195,992
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	59,872	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of			
		Schedule L		6	0
<del>\$</del>	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use		8	0
¥	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part  VI of Schedule D  201,279			
	ь	Less accumulated depreciation 10b 146,111	70,900	10c	55,168
	11	Investments—publicly traded securities	50,328	11	189,746
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	741,836	16	440,906
	17	Accounts payable and accrued expenses .	4,534	17	11,463
	18	Grants payable	·	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L		22	
ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	. ==.	25	
	26	Total liabilities. Add lines 17 through 25	4,534	26	11,463
ces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balance	27	Unrestricted net assets	737,302	27	429,443
<u>а</u>	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
丑		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
		lines 30 through 34.		_	
왍	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	707 655	32	100 115
ž	33	Total net assets or fund balances	737,302	33	429,443
	34	Total liabilities and net assets/fund balances	741,836	34 l	440,906

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	513,954
2	Total expenses (must equal Part IX, column (A), line 25)	2			321,813
3	Revenue less expenses Subtract line 2 from line 1	3			307,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	737,302
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	129,443
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	•	2c		Νo
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		Νo

## OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number** 

		e organi: - Study of	zation Carbon Dioxid	le .					Employer	identification	on number	
	obal Cl		Carbon blokic						86-0902	777		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	ganızatıons	must com	olete this pa			 5	
The c	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	lines 1 throu	igh 11, check	only one bo	x )			
1	Г	A chur	ch, convent	on of churches, or a	ssociation of	fchurches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	L)( <b>A)(ii).</b> (At	tach Schedi	ıle E)					
3	_			perative hospital se				n 170(b)(1)(	A)(iii).			
4	Ĺ.			h organization opera	_					(1)(A)(iii).	Enter the	
	•			ty, and state	•		•			. , , ,		
_	_										<del></del> .	
5	ļ	_	· ·	erated for the benefi	_	e or universi	ty owned or o	perated by a	governmen	tal unit des	cribed in	
	_			(A)(iv). (Complete P								
6	<u>_</u>			local government o								
7	~	_		at normally receives	a substantia	al part of its	support from	a governmer	ntal unit or f	rom the gen	ieral public	
		described in section 170(b)(1)(A)(vi) (Complete Part II )										
8	Г			described in <b>section</b>		A)(vi) (Cor	nnlete Dart II	1				
9	<u>'</u>						-	· ·	utions mor	nharchin faa	s and aross	
9	,	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )										
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									the nurnesses of		
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h										
		a Type I b Type III c Type III - Functionally integrated d Type III - Other									e III - Other	
е	Γ	By che	cking this b	ox, I certify that the	organization	ı ıs not contı	olled directly	or indirectly	by one or i	more disqua	lified persons	
				on managers and ot	her than one	or more pub	licly support	ed organızatı	ons describ	ed in sectio	n 509(a)(1) or	
f			1509(a)(2)	received a written d	atarmınatıan	from the ID	C +b = + + + = = = :	Tuna I Tuna	II or Tuno	III aunnarti	ing organization	
•			this box	received a writteri d	etermination from the IRS that it is a Type I, Type II or Type III supporting organization,							
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any o	of the		,	
			ng persons?									
				rectly or indirectly c	•			persons desc	ribed in (ii)		Yes No	
				governing body of th			ation?				g(i)	
		` '	•	er of a person descri	` ,						ı(ii)	
				lled entity of a perso						11g	(iii)	
h		Provide	the followi	ng information about	the supporte	ed organızat	ion(s)					
				, <u>,</u>			_	1				
				(iii) Type of	(iv)		(v)		(vi)	<b>)</b>		
	(i)			organization	Is the		Did you not	ify the	Is th			
	Name		(ii)	(described on	organızatı col (ı) lıst		organizati		organıza		(vii)	
9	uppor	rted	EIN	lines 1- 9 above	your gove		col (ı) of		col (ı) org	ganızed	A mount of support?	
10	ganız	atıon		or IRC section	docume		suppor	t?	ın the U	JS?	3upport.	
				(see instructions))	Yes	No	Yes	No	Yes	No	┪	
				maductions))	103	110	1.03	110	1 - 3	140		
							1			+	+	
							1			1	+	
											+	
										+	+	
Tota											1	
· Jua					1	1					1	

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 674,725 1,065,971 1,548,145 993,766 518,962 4,801,569 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 674,725 1,065,971 1,548,145 993,766 518,962 4,801,569 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,725,842 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public Support.** Subtract line 5 from 2,075,727 line 4 Section B. Total Support Calendar year (or fiscal year (c) 2009 (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (f) Total beginning in) 674,725 1,065,971 1,548,145 993,766 518,962 4,801,569 Amounts from line 4 Gross income from interest, dividends, payments received on 0 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or O not the business is regularly carried on 10 Other income (Explain in Part IV ) Do not include gain or loss 1,829 1,829 from the sale of capital assets 11 Total support (Add lines 7 4,803,398 through 10) Gross receipts from related activities, etc (See instructions) 12 12 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 43 210 % Public Support Percentage for 2010 Schedule A, Part II, line 14 15 **15** 37 530 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493068005032

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization nter for the Study of Carbon Dioxide		Employer identification number
	l Global Change		86-0902777
Pa	rt I Organizations Maintaining Donor A		
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) I dilas and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	rganization (check all that apply) on or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements	-	2b
C	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located ►	<u> </u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	Amount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	<b>t IIII</b> Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	cal Treas	sures, or (	Jtnei	Sillillai Asse	its (co	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that	are a signific	ant us	se of its collection	ו	
а	Public exhibition		d	Γ	Loan or ex	kchange prog	rams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ further the	e organızatıo	n's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an					on answere	ed "Y	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	forc	ontribution	s or other as	sets r		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able	ı		Amou	ınt	
_	Bananan ahalan a						1.	Amot	inc	
c d	Beginning balance						1c 1d			
u e	Additions during the year						1a 1e			
_	Distributions during the year						1f			
f 2-	Ending balance	000 B- : X :	- 245				TL		V	
2a	Did the organization include an amount on Fo	•	e 21 <sup>7</sup>					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV		n n===		d !!\/a=!! !	. Form 000	Dei	+ TV   lima   4.0		
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior \		<u>0 FOrm 990</u> Two Years Back			)Four Y	ears Back
1a	Beginning of year balance	(a) carrent rear	(2)	<b>y</b>	(6)	TWO FEETS BEEN	(4)	Timee reals back (e	<i>y</i> . ou	cars back
ь	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships						1			
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as		•			•		
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held and	d administere	d for	the	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•						3b		
4	Describe in Part XIV the intended uses of th									
	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	line 10.			T	1	
	Description of property	e <b>nt.</b> See Form 99	90, Pa	(a	Ine 10. Cost or othersis (investment			(c) Accumulated depreciation	<b>(d)</b> B	ook value
Par		ent. See Form 99	00, Pa	(a	) Cost or othe				( <b>d</b> ) B	ook value
Par 1a	Description of property	ent. See Form 99	90, Pa	(a	) Cost or othe				( <b>d</b> ) B	ook value
Par 1a b	Description of property	ent. See Form 99	90, Pa	(a	) Cost or othe				( <b>d</b> ) B	ook value
Par 1a b	Description of property  Land	ent. See Form 99		(a	) Cost or othe	nt) basis (of		depreciation		50,314
Par 1a b c	Description of property  Land	ent. See Form 99	90, Pa	(a	) Cost or othe	nt) basis (of	her)	depreciation		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	( <b>b)</b> A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶		
3 Fin 49 (ASC 740) Footpote In Bart VIV provide the toy		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
3			
!	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Attach to Form 990

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

2011

OMB No 1545-0047

pen to Public Inspection

DLN: 93493068005032

Department of the Treasury Internal Revenue Service

Name of the organization
Center for the Study of Carbon Dioxide

and Global Change

Employer identification number

86-0902777

			grant funds in the Unite			number and	Vaall ta
Form 990, Part IV, line Part IV and Schedule I	21 for any recipie	nt that received m	iore than \$5,000. Che	eck this box if no one	recipient receive	ed more than \$5,000	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CO2Science2789 E Ridgewood Lane Gilbert,AZ 85298	20-2778308		20,000	0			Scientific research
See Additional Data Table							

Use Schedule I-1 (Form 99	0) if additional space	ıs needed.			
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

DLN: 93493068005032

OMB No 1545-0047

**Compensation Information** Schedule J (Form 990)

> **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

For certain Officers, Directors, Trustees, Key Employees, and Highest

Open to Public Inspection

Name of the organization Center for the Study of Carbon Dioxide and Global Change

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

86-0902777

Рa	Questions Regarding Compensation	ion			
				Yes	No
.a	1, 1, 1, 2, 1	provided any of the following to or for a person listed in Form			
		III to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2		o reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Execut	ive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organize	ation uses to establish the compensation of the			
	organization's CEO/Executive Director Check al				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
ļ	During the year, did any person listed in Form 990 or a related organization	O, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol payment?	4a		Νo
b	Participate in, or receive payment from, a supplen	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
•	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
,	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A, line 1a, did the organization provide any non-fixed " describe in Part III	7		No
3	Were any amounts reported in Form 990, Part VII				
	subject to the initial contract exception described in Part III	d in Regs section 53 4958-4(a)(3)? If "Yes," describe			
			8		No
)	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations	9		No

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Robert E Ferguson	(I) (II)	248,780					248,780		
		I		ı	1		I		

Schedule J (Form 990) 2011 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493068005032

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Name of the organization Center for the Study of Carbon Dioxide						E	mployer i	dent if ica	ition numb	er
Center for the Study of Carbon Dioxide and Global Change    S6-0902777	77									
Complete if the organizat	ion ans	werea	res" on Form 990,	Part IV, line 25a c	or 250, c	or Form	990-EZ,	Part V, I	ine 40b	(6)
1 (a) Name of disq	ualıfıed	person	son (b) Description (							
		•		(5) 5030	. iipcioii	## Second State of the composition of the compositi				
					1					
						ng the y	ear unde/	r • ¢		
						•		+ <del></del>		
3 Enter the amount of tax, if any	, 011 11110	2, 400	re, remibursed by th	ie organization :	<u> </u>			<b>"</b> —		
Complete if the organiz	zatıon a T	nswered	l "Yes" on Form 99' T	D, Part IV, line 26	, or Forr I	n 990-E			a T	
					(e) i	I n			(a)Writ	ten
	1			(d)Balance due			by boar	d or		
purpose	<u> </u>		principal amount			1	_			T
(1) 6 5.1.	То	From			Yes	No	Yes	No	Yes	No
		l x	40.40			l No	Yes		Yes	
		<u> </u>	,			1	1		1	
					/ l	. ¬				
Complete if the orga	inizatio	_				27.				
(a) Name of interested pers	on	("	•	•	son	<b>(c)</b> A m	nount of g	rant or ty	pe of assı	stance
				<u> </u>						

Complete if the organization			ne 28a, 28b, or 28c.			
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
	organızatıon			Yes	No	

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493068005032

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
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Name of the organization Center for the Study of Carbon Dioxide	Employer identifi	cation number
and Global Change	86-0902777	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Form reviewed by key officers

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493068005032

2011

OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization **Employer identification number** Center for the Study of Carbon Dioxide and Global Change 86-0902777

(a)	(b)	(c)	(d)	(e)	(f)		
(a) Name, address, and EIN of disregarded entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	te Total income	(e) End-of-year assets	Direct controlling entity		
Part II Identification of Related Tax-Exempt Of or more related tax-exempt organizations d		e if the organizatio	n answered "Yes'	' on Form 990, Pa	rt IV, line 34 becau		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		<b>g)</b> 512(b)(13 trolled nization
(1) CO2Science						Yes	No
2789 E Ridgewood Lane	Scientific Research	AZ	501(c)(3)		N/A		No
Gilbert, AZ 85298 20-2778308	Scientific Neseuren	,	301(0)(3)				
					_		
						_	
	1	1	1	i	i		

	<b>fication of Related</b> e It had one or more									nswe	red "Ye	es" or	n Form 990,	Part 1	[V, lın	e 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(rela excl	(e) pominant income ited, unrelated, luded from tax er sections 512- 514)	(f) Share of t Income		Share of	g) f end-of- ear sets	(h Disprop allocat	rtionate	amour Sch	(i) ode V—UBI nt in box 20 of hedule K-1 orm 1065)	<b>(j</b> Gener mana partr	ral or iging	<b>(k)</b> Percentage ownership
										Yes	No			Yes	No	
	ication of Related because it had one o											swere	d "Yes" on F	orm (	990, F	art IV,
Name, address, and EI	( <b>a)</b> N of related organization	Pı	<b>(b)</b> rimary activity		(c) Legal dom (state o foreigr country	or 1	Direct co	<b>d)</b> ontrolling tity	(e) Type of er (C corp, Soor trust	corp,	(f) Share of Incon		(g) Share of end-of-year assets		(h) ercentag wnershij	
		I			I		ı		I	- 1				1		

Par	τV	iransactions with Related Organizations (Complete ir the organization answered "Yes	on Form 990, Par	t IV, line 34, 35, 35	5A, Or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	ırıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	ızatıons lısted ın Parts	s II-IV?			
а	Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	rant, or capital contribution to related organization(s)			1b		No
c	Gıft, g	rant, or capital contribution from related organization(s)			<b>1</b> c		No
d	Loans	or loan guarantees to or for related organization(s)			1d		No
е	Loans	or loan guarantees by related organization(s)			1e		No
f	Sale o	fassets to related organization(s)			1f		No
g	Purch	ase of assets from related organization(s)			<b>1</b> g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			<b>1</b> i		No
j	Lease	of facilities, equipment, or other assets from related organization(s)			1j		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
ı	Perfori	nance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	1	No
n	Sharır	g of paid employees with related organization(s)			1n		No
o	Reimb	ursement paid to related organization(s) for expenses			10		No
р	Reımb	ursement paid by related organization(s) for expenses			<b>1</b> p		No
q	Other	transfer of cash or property to related organization(s)			<b>1</b> q		No
r	Other	transfer of cash or property from related organization(s)			1r		No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transacti	on thresholds		
		(a)	(b)	(c)	(d)		
		Name of other organization	Transaction type(a-r)	Amount involved	Method of determii involved		ount
(1)							
(2)							
<del>(2)</del>							
(3)							
(4)							
(+)							
(5)				<u> </u>			
(-)							
(6)							
` '							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

						•	<u>'</u>					
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc	cations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes No	
												•
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**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 86-0902777

Name: Center for the Study of Carbon Dioxide

and Global Change

Schedule R (Form 990) 2011

Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

#### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 86-0902777

Name: Center for the Study of Carbon Dioxide

and Global Change

### Form 990, Special Condition Description:

**Special Condition Description**